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Committee Members,

For over 30 years I have worked as a dental hygienist in a periodontal office, a general dentistry office or in a public health setting.

I have attended two of the 407 meetings. I support what the Nebraska Dental Hygiene Association has proposed. The proposal offers great promise for making dental care more accessible in Nebraska, designates proper education for the three dental professions and has public safety as a priority.

The Commission on Dental Accreditation (CODA), a committee appointed by the American Dental Association, sets educational standards. One of those standards includes teaching the dental hygiene process of care; ADPIED=assess, dental hygiene diagnosis, plan, implement, evaluate, document. The first "D" is dental hygiene diagnosis. This means we are required to document the dental hygiene diagnosis. The dental hygiene diagnosis is a necessary and intrinsic part of dental hygiene education and practice. The dental hygienist employs critical decision-making skills to reach conclusions about the patient's needs related to oral health and disease that fall within the dental hygiene scope of practice. Treating without a diagnosis is malpractice.

The traditional model has been the dentist completes an evaluation after the dental hygienist has completed care. As such, the dental hygienist has made a dental hygiene diagnosis already and the dentist depends on the dental hygienist to tell them what was diagnosed. Yet this is not recognized.

Dental hygiene needs to evolve the scope of practice laws and supervision requirements to increase oral health care access. Dental Hygiene is the only profession that is regulated by their employer.

ADPIED as established by the ADA, recognizes the dental hygiene diagnosis as a fundamental component of dental hygiene. This 407 process establishes Nebraska's acceptance of the ADA national standard of care.

Dentistry as a whole needs to work as a team to meet the needs of all dental patients.